

2014



Alabama Individual Income Tax Return FULL YEAR RESIDENTS ONLY

For the year Jan. 1 - De	c. 31,	201	4, or other tax year: Beginning:			Ending:	•												
,									;				Yours	ocial se	curity r	numher		$\overline{}$	
Your first name	Your first name Initial Last name					- !		Your social security number : :											
				1.20.1					_;				:		:				
Spouse's first name				Initial	Last name				- 1		\vdash		Spouse's	soc. sec	. no. if	joint ret	urn		
Drocont home address	/mmah		nd street or P.O. Box number)						_;				:		:				
Present nome address	(Hullik	Jei a	ild Street of P.O. box fluiliber)						- 1				:		:				
City, town or post office						State	ZIP code		_;										
Oity, town or post office						Otate	Zii code		- 1										
! Check if a	ddro		Foreign Country						_;										
is outside									-		- CL	IECK	ROY I	E A N	IENID	ED E) ETI	JRN ● 🗌	
Filing Status/		1	• [] \$1,500 Single		2 /	• \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	500 Marriad	filing separate. (omple	oto Spouso			ВОХІ						
Exemptions			• \$3,000 Married filing	ioint		· ·		Family (with qua			JJIN								
<u>'</u>		5	Wages, salaries, tips, etc. (I						, ,	<u> </u>	Α	— Ala	bama tax	withh	eld			B — Income	
		а			, ,		, ,	,			5a	1			00	5a	•		00
Income		b									5b	•			00	5b	•		00
and		С									5c	•			00	5c	•		00
Adjustments		d									5d	•			00	5d	•		00
		6	Interest and dividend incom	e. If ove	er \$1,500.00), use Forn	n 40									6	•		00
		7	Total income . Add lines 5a through 5d and 6 (column B)												7	•		00	
Deductions		8	Standard Deduction (enter a	amount	from table of	on page 9	of instruction	s)			8	•			00				
You Must Attach page 2 of Federal Form		9	Federal tax deduction (see	instruct	ions)														
1040, Federal Form	ľ		DO NOT ENTER THE FED	ERAL 1	TAX WITHH	ELD FRO	M YOUR FO	RM W-2(S)			9	•			00				
1040A, Federal Form 1040NR, or page 1 of	1	0	Personal exemption (from li	ine 1, 2,	3, or 4)						10	•			00				
Form 1040EZ, if claim- ing a deduction on line	1	1	Dependent exemptions (from	m page	2, Part II, li	ne 2)					11	•			00				
9.	J 1	2	Total deductions. Add lines 8, 9, 10, and 11												12	•		00	
	1	3	Taxable income. Subtract line 12 from line 7. Enter the result											13	•		00		
	1	4	Find the tax for the amount on line 13. Use the tax table in the Instruction Booklet												14	•		00	
	1	5	5 Consumer Use Tax (see instructions). If you certify that no use tax is due, check box												15	•		00	
	1	6	You may make a voluntary	contribu	ition to: a	Alabama	Democratic F	Party	\$1	S2	no	one				16a	•		00
Tax and					b	Alabama F	Republican P	arty	\$1	S2	no	one				16b	•		00
Payments	1	7	Total tax liability and volu	ntary c	ontribution	. Add lines	s 14, 15, 16a	, and 16b								17	•		00
Staple Form(s) W-2, W-2G, and/or 1099 here.			Alabama income tax with			,										18	•		00
	1	9	9 Automatic Extension Payment												19	•		00	
	2	20	Mended Returns Only — Previous payments (see instructions)											20	•		00		
	2	Total payments. Add lines 18, 19 and 20											21	•		00			
	2	22	Amended Returns Only – P	revious	vious refund (see instructions)											22	•		00
	2	23	Adjusted Total Payments.	Subtra	ct line 22 fro	om line 21.										23	•		00
AMOUNT	2	24	If line 17 is larger than line 2	23, subt	ract line 23	from line 1	17, and enter	AMOUNT YOU	OWE.										
YOU OWE			Place payment, along with F											24					00
OVERPAID			If line 23 is larger than line 1													25	•		00
Donations			Total Donation Check-offs f													26	•		00
REFUND	2	27	REFUNDED TO YOU. Subt																
		_	(You MUST SIGN this return	n before	e your refun	d can be p	rocessed.) .						2	27					00
		• [I authorize a representa	ative of	the Departn	nent of Re	venue to disc	cuss my return a	and atta	achments v	ith my	prepa	arer.						
Sign Here		Und	der penalties of perjury, I d	leclare t	hat I have e	xamined t	his return and	d accompanying	sched	dules and s	tateme	ents, a	nd to the	best o	of my l	knowle	edge a	and belief, they a	re
In Black Ink		true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge										dge.		•					
Кеер а сору	,	You	r signature		Date Daytim					Daytime tel	rtime telephone number Your oc				cupat	upation			
of this return for your records.																			
		Spo	use's signature (if joint retur	n, BOTI	H must sign)		Date		Daytime te	me telephone number Spouse				's occ	occupation			
		()																	
Paid 1		Prep	parer's							Date			Check i	f	_	Pr	epare	r's SSN or PTIN	
Preparer's	9	sign	ature										self-em	oloyed	L				
Use Only		Firm	i's name (or yours					Daytin	ne telep	ohone no.	()	E.I. I						
	7	and	lf-employed)												ZIP (Code			

Form -	40A (2	2014)						Page 2					
PART I	1	Were you (and your spouse, if ma	arried filing jointly) a residen	t of Alabama for the entire year	2014?		Yes	□No					
		If you checked no, DO NOT COM		· ·									
	2	2 Did you file an Alabama income tax return for the year 2013?											
		If you checked no, state the reason for not filing											
	3	Give name and address of your p	resent employer:										
General		Yourself											
Information		Your Spouse											
		Your occupation Spouse's occupation											
All Taxpayers Must Complete This Section	5	Enter the Federal Adjusted Gross Income •\$ and Federal Taxable Income •\$ as reported on your 2014											
		Federal Individual Income Tax Return.											
	6	Do you have income which is reported on your Federal return, but not reported on your Alabama return?											
		If yes, enter source(s) and amount(s) below (other than state income tax refund):											
		Source											
		Source											
		Source Amount •\$											
PART II	1a	Dependents: (1) First name	Last name		(2) Dependent's social security number.	(3) Dependent's relationship to you.	(4) Did you provide more than one-half dependent's support?						
					•								
					•								
Dependents					•								
•					•								
Do not include		Total number of dependents claim						•					
yourself or your spouse	2	Amount allowed. (Multiply the total number of dependents claimed on line 1b by the amount from the dependent chart below.)											
		Use the following chart to determi											
(See page 10)		Amount on Line 7, Page 1	Dependent Exemption										
		0 – 20,000	1,000										
		20,000 – 100,000	500 300										
		Over 100,000 Enter amount here and on page 1				2		00					
PART III		Enter amount here and on page 1	, IIII e 11			2		00					
Federal													
Tax Liability	1	Enter the Federal Income Tax Lia	hility from worksheet <i>(see i</i>	nstructions) here and on line 9	nage 1	1	•	00					
Deduction		Enter the rederal moonie rax Ela	bility from workeneet (500 h	notice and on time o, p	Jugo i								
PART IV													
	1	You may donate all or part of your	overpayment. (Enter the a	mount in the appropriate boxes.)								
		Senior Services Trust Fund	' ' ' -		, ama Firefighters Annuity and B	enefit Fund	•	00					
		Alabama Arts Development Fund			ama Breast & Cervical Cancer			00					
		Alabama Nongame Wildlife Fund			ns of Violence Assistance	0	•	00					
		Child Abuse Trust Fund		00 m Alaba	ama Military Support Foundation	on	•	00					

WHERE TO

FILE

FORM 40A

Donation

Check-offs



If you are not making a payment, mail your return to:

Alabama Department of Revenue P.O. Box 327465 Montgomery, AL 36132-7465

e Alabama Veterans Program

f Alabama State Historic Preservation Fund......

g Archives Services Fund

h Foster Care Trust Fund

i Mental Health.....

If you are making a payment, mail your return, Form 40V, and payment to:

o Cancer Research Institute

p Alabama Association of Rescue Squads.....

Alabama Department of Revenue P.O. Box 327477 Montgomery, AL 36132-7477

n Alabama Veterinary Medical Foundation

Mail **only** your 2014 Form 40A to one of the above addresses. Prior year returns, amended returns, and all other correspondence should be mailed to Alabama Department of Revenue, P.O. Box 327464, Montgomery, AL 36132-7464.

2 Total Donations. Add lines 1a, b, c, d, e, f, g, h, i, j, k, l, m, n, o, and p. Enter here and on page 1, line 26

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